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ANATOMY; ITS RELATIONS TO MEDICINE AND SURGERY.

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Parotid Region. This is the most posterior of the supra-digastric regions. The angle at which the ramus and the body of the inferior maxillary bone join, will determine in no small degree, the form of this region. In children that angle is obtuse, which together with an abundance of adipose tissue and a highly active state of the glandular system increases its breadth below. In adult life this angle approaches a right angle by which its antero-posterior extent is somewhat contracted. In advanced life the restoration of the obtuse angle in consequence of the absorption of the alveoli, induces a form approaching that of the child.

The form of this space considered in its depth is somewhat pyramidal, the apex inclining inward and upward. It is bounded anteriorly by the stylo-maxillary ligament or fascia, ramus and condyloid process of the jaw, and the pterygoideus internus muscle; posteriorly by the cartilaginous tube of the ear, mastoid portion of the temporal bone and transverse process of the atlas; superiorly by the zygoma; inferiorly by the anterior edge of the upper end of the sterno-cleido muscle and the posterior belly of the digastric muscle. The internal or deep, as distinguished from the cutaneous surface, is formed by the styloid process with the different structures which radiate from it, such, as the stylo-hyoid, stylo-glossus and stylo-pharyngeus muscles with the stylo-hyoid ligament, also the internal jugular vein, internal carotid artery, glosso-pharyngeal, pneumogastric, spinal accessory, and sympathetic nerves. The irregular region thus bounded, is perfectly lined on all sides with the deep cervical fascia, thus excluding or separating all the components named as boundaries, from the space itself. The exterior or cutaneous surface possesses certain features peculiar to different persons and different periods of life. In individuals of short fleshy necks with a superabundance of fat, it is convex, in others of an opposite construction, that is with long slender necks, it is flat, and the portion below the lobe of the ear concave. In children the surface in front of the ear is very generally convex or rotund, the part below the ear slightly concave. The change which takes place in subsequent life onward until old age consists in flattening of the facial and hollowing out of the cervical surface. The zygomatic ridge above, can be seen and felt separating the temporal from the facial and parotid regions, and immediately below, in front of the ear another prominence, the condyle of the lower jaw, where it articulates with the glenoid cavity. This prominence, in opening and closing the jaw, will be seen to advance and retire. The skin over the parotid region has some soft downy hair, but the stiff hairs of the beard always commence in front. It has but few perspiratory and sebaceous glands.

Practical Remarks. Enlargement of the parotid gland will readily be detected by alteration in the form of the cutaneous surface of the region, always increasing its convexity. To the artist it always forms a region of careful study, especially in profile views, requiring a most faithful execution in all its details to confer individuality on his work. In luxations of the inferior maxillary the prominence in front of the ear made by the condyle disappears, and a depression takes its place. If the finger be strongly pressed into the hollow below the ear a peculiar sense of distress and suffering is produced, and hence it has been a favorite trick with combatants to disable an opponent in this way.

In making an anatomical analysis of the parotid region the constituents will appear in the following order:

Skin. This is delicate, quite movable, and covered with soft downy hairs.

The Superficial Fascia, contains a small amount of adipose tissue and extends up to the temple, forward to the face, and downward to the neck. Intermingled with this are some muscular fibres belonging to the platysma myoides, and which run obliquely upward and forward, also a few twigs of nerves, chiefly derived from the auricularis magnus of the superficial cervical plexus.

Fig. 47.

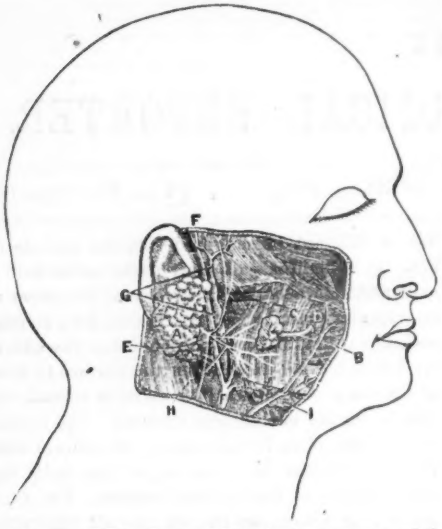

Fig. 47 exhibits the most important components of the parotid region. A, parotid gland removed from parotid space and thrown over the cartilage of the ear; B, parotid duct resting on the masseter muscle C, and beneath the anterior edge of the same perforating the buccinator muscle D; E, the facial nerve and its branches; F, external jugular vein; G, external carotid artery and temporal artery; H, auricular nerve; I, submaxillary gland.

Deep Fascia. This layer is one of decided strength. Rising from the neck as a continuation of the cervical fascia it divides into two layers at the cervical end of the parotid region. The layer passing over the superficial surface of the parotid glands, becomes attached to the cartilage of the above, to the zygoma, and in front. The other or deep layer passes beneath the gland to be attached in a manner which will be described when the gland is dislodged. Several lymphatic glands rest on the parotid body which receive the temporal malar and facial lymphatic vessels. In the attempt to remove the deep fascia from the surface of the gland it will be seen to detach numerous trabecula or fibres, which penetrate between the lobules, descending to the bottom of the parotid space, and thus holding the components of the gland together constitute the interlobular connective tissue.

The Parotid Gland. The careful removal of the parotid fascia exposes the gland, consisting of small glandular masses united by the fascial prolongations already stated so closely interwoven as to allow of but very imperfect communication between the different parts of the gland. It not only fills up all the deep irregularities of the region already bounded but overlaps the masseter muscle, extends up to the zygoma and down between the angle of the jaw and the anterior edge of the sterno-cleido-mastoid muscle. In many cases a small mass partially isolated from the main gland, the *Socia Parotidis*, lies on the origin of the masseter muscle, just along the lower border of the zygoma. The excretory duct or duct of Steno, passes from the anterior part of the gland over the masseter muscle, round the anterior margin of which it turns, and getting between its deep surface and the buccinator muscle pierces the latter to communicate with the mouth opposite the second molar tooth of the upper jaw. Its course will be found in a line extending from the lobe of the ear to the anterior naris. To this main duct the socia parotidis furnishes a considerable tributary.

Vessels. The *external carotid* artery passes up partially embedded in its deep surface, distributing the following branches:

Posterior Auricular, to the back of the auricle and a limited portion of the neighboring scalp, *(parotids.)* Several small branches to the gland, and which in their ultimate extension reach the integument of the face. After supplying these the artery divides into *temporal* and *internal maxillary.*

The Temporal gives two or three small branches to the gland, one to the anterior part of the auricle, *anterior auricular*, and one running along the lower border of the zygoma parallel with and just above the duct of Steno, *transverse facial.*

Internal Maxillary. This trunk leaves the parotid space at nearly a right angle with the parent trunk, passing behind the neck of the inferior maxillary bone.

Veins. The veins correspond in name to the arteries, so that the conjunction of the temporo-maxillary with the others form a considerable trunk, the commencement of the *external jugular.* This trunk is nearer the anterior than posterior surface of the gland and leaves it at the lower end, just behind the angle of the jaw.

Nerves. *The facial* or portio dura nerve, emerging from the stylo-mastoid foramen enters the gland passing over the external carotid artery and separating into a *temporo-facial* and a *cervico-facial* trunk. These emerge from the anterior part of the gland after dividing into several branches, radiating over the side of the face to all the muscles of expression, and endowing them with motion. This nerve has its branches of distribution and communication, all of which are important. Immediately after leaving the stylo-mastoid foramen it detaches the *posterior auricular* which lies close between the cartilaginous tube of the ear and the mastoid process. The *auriculo-temporal nerve* from the second division of the fifth pair, sends three filaments into the gland through its deep surface, a fourth passes through this region

and enters the external ear, where its cartilage joins the auditory process, and two others communicate with the facial in the gland. The *auricularis magnus* from the superficial cervical plexus, distributes some branches among its globules, while many filaments from the sympathetic cluster about the external carotid. The *glosso-pharyngeal* forms a communication with the facial in the parotid region by a small branch which perforates the posterior fleshy portion of the digastric muscle.

If the parotid gland be carefully removed from its bed, some just appreciation may be formed of its deep and irregular resting place. The deep fascia of the neck may be satisfactorily traced up over the styloid process and its muscles, deep carotid and jugular vessels to the external ligament of the tempero-maxillary articulation. Along the outer wall this fascia will be seen attached to the auditory process and margin of the post glenoid cavity, and on the inner side continuous with the stylo-maxillary ligament along the ramus of the jaw to the articular ligaments.

Practical Remarks. In a previous article on the lateral facial region, much connected with the parotid region was unavoidably presented. The comparatively loose connexion of the skin with the deep fascia, renders this part of the face less prone to erysipelatous inflammation and its consequences than others. It is certainly extremely rare to meet with a case commencing in this locality.

The delicate structure of the skin here disposes to excoriation and eczema from the discharges which flow from diseased states of the external ear. If an abscess or tumor of any kind appear characterized by mobility, and prominence, it may with great confidence be referred to the superficial fascia. The loose open nature of this fascia will give to all effusions from whatever cause, a diffused character. As there are mingled with this fascia some fibres of the platysma muscle, the direction of which is upward and forward, all incisions rendered necessary for morbid conditions not deeper than the subcutaneous fascia should be made parallel with their course. The character of the deep parotid fascia and its connexions, influence greatly the phenomena of diseases which lie beneath. Here resistance is the rule, and hence enlargements of the parotid or diseases situated in the parotid region below this fascia, can only very gradually develop externally. The attachments of this membrane will give to such a particular form bounded by its attachments; that is, circumscribed by the zygoma, cartilage of the ear, anterior edge of the sterno-cleido mastoid muscle, and the angle of the jaw or the stylo-maxillary ligament which separates this region from the submaxillary. The resistance thus offered is soon felt by other parts. Thus the facial nerve suffers, producing temporary paralysis of the muscles of the face. This is seen occasionally in mumps, a disease of a contagious character, and consisting in a specific inflammation of the parotid gland; or a blow over this region I have seen followed by paralysis of the facial muscles, from the blood and inflammatory matter poured out. The pain complained of and which in some instances is of a most aggravated character, is due to the pressure exerted on the branches of the fifth pair already described in some cases inducing neuralgia of the face or earache from the filament described entering the ear. In removing a tumor or opening an abscess which rests upon the *parotid fascia*, the greatest possible care must be observed not to open the latter, or wound a lobule of the gland, as the occurrence of a salivary abscess following such an accident is quite probable.

Abscesses are not uncommon, and may commence primarily in the parotid body, or the glands which rest upon it, or in its deeper recesses independent of either. Such morbid conditions may follow violence, or as a sequel of adynamic forms of disease. The matter of such, can only with great difficulty interpenetrate the parenchyma of the gland in consequence of the closely woven and inextensible interlobular connective tissue, so that we find the gland sometimes containing numerous little depots of pus distinct from each other. The mechanical obstacles thus presented to liquid products reaching the surface will compel them often to enter the ear through the grooves in the auricular cartilage and flow out through the external meatus, or even by ulceration to reach the mouth.

The relation of the temporo-maxillary articulation to this region explains the production of one kind of parotid abscess. Thus the momentum of a blow or a fall on the chin will be transmitted to the condyle and glenoid cavity, their connexion forming the point of resistance, and as a process of the gland is lodged immediately behind the articulation, it will participate in the injury, or inflammation will extend to it.

An example of this nature came under my observation but a short time since in which the pus was discharged both into the mouth and the ear. In all considerable enlargements within this region, there must be from the manner in which the gland is wedged in behind the ramus of the jaw, and overlaps the masseter muscle, abridgement of motion in the lower jaw. The same location by the mechanical influence to which the gland must be subjected in mastication will favor

activity in the salivary supply, although this result is no doubt mainly due to vital causes connected with a continuity of mucous membrane from the mouth through the stenonian duct, and especially through the sympathy of the nerves of both regions derived from a common source, the fifth pair.

The gland is well supplied with blood vessels, and hence wounds which penetrate its substance will bleed copiously and may require the ligature of the external carotid. If the penetration should be effected at the lower end of the gland near the angle of the jaw, the great root of the external jugular vein may be divided, and demand the ligature. The fact that the parotidean vessels communicate freely with the skin, will render the depletory influence of leeches on the gland very direct, when a necessity for their use exists.

The extirpation of the gland constituted at one time a subject of fierce professional strife. One party alleging the impossibility of such a task, while another as emphatically asserted its practicability. The remarkable disagreement no doubt resulted like many other quarrels, from the particular points of view assumed by the parties concerned. The one reaching its conclusion from observing the gland in its normal, and the other in the diseased condition, the influence of which last conduces to draw the prolongations of its deeper processes out of the sinuosities of the region, and thus places the removal of this body among the established facts of surgery. This operation involves from the statement already made the ligature of the external carotid and the paralysis of the muscles of expression on the affected side from the necessary division of the facial nerve. When the lymphatic glands which rest on the parotid become enlarged either from scirrhous or other causes, the glandular elements of the body will become atrophied under pressure and interlobular deposit. There is a sudden enlargement of the parotid accompanied by great pain over the face taking place in two or three hours which I think is not described by any author. This swelling has been asserted to depend on an accumulation of the salivatory secretion in consequence of the duct of Steno becoming swollen by its terminal orifice being bruised in chewing. The explanation is not satisfactory. In two instances where the opportunity was offered for their study, the patients were females and the attack coincident with a cold, and suppression of the menstrual discharge. The swelling appeared to be due to an effusion of serum into the interlobular tissue induced by an overcharged state of the blood vessels of the part, probably, in consequence of influences exerted by the nerves, as the pain preceded the swelling. In fractures of the ramus of the inferior maxillary with much displacement, the gland may suffer injury or the nerves or blood vessels may be implicated.

The different degenerations of the gland have been stated under the article on the lateral facial region.

The salivary glands appear first in the insect family principally in such as subsist on juices or animal fluids and are distinguished by naturalists as suctorial insects. The organs consist of delicate tubes which lie in the nutritious fluids of the animal and elaborate the salivary secretion from them and may open either into the œsophagus or mouth. In both the flea (pulex) and bedbug (cimex) they correspond in number to those of man. That this secretion in many is subservient to other purposes than digestion is doubtless true, possessing as it does irritating properties as are seen to follow the bites of mosquitoes and gnats. These glands are absent in fish; the medium in which they live will furnish the reason for this. They are present in reptiles, and in the case of turtles, lizards and some others, curiously combined with the tongue, consisting of closely associated and communicating tubes resting on the muscular element of the tongue. In serpents these glands are connected with the gums and their excretory ducts at the base of the teeth. In birds they consist of crypts or follicles in the mucous membrane of the mouth, and in certain individuals of this class the ducts open under the tongue.

TREATMENT OF HOSPITAL GANGRENE.

By Benj. Rush Senseny, M. D.,
Jefferson Barracks, Mo.

During a sojourn of more than a year in some of our most prominent military hospitals of the Southwest, it has been my privilege to see and treat a large number of severe cases of this very formidable disease. I will endeavor, briefly, through the medium of your valuable periodical, to lay before the profession some statements, the result of my observations.

About the 1st of August, 1863, twelve cases of gangrene were admitted to United States General Hospital, Jefferson Barracks, Mo. The ages of the patients varied from the youth of eighteen to the grey-haired veteran. Some were thin and anæmic, others fleshy and plethoric. Some with shattered constitutions, for whom the grave already seemed to yawn, others with frames but hardened and tempered by the exposure they had undergone. Location of wounds was as follows:—On inside of upper third of thigh, on upper-lateral portion of chest, middle of arm, middle of the leg. In three

cases tibia involved, in one of which there was an opening of an inch in diameter into the medullary cavity.

Extent of wounds when admitted varied in the extent of surface involved from ten to thirty square inches. Depth from one-half to one inch. Appearance of wounds: The surface was grey, soft and pultaceous, emitting an exceedingly fetid odor; phagedenic gangrene evidently extending. General health and strength of the majority of the patients not seriously impaired. Appetite still pretty good. Some had more or less diarrhœa; though none were much emaciated. Original wounds made with leaden balls, July 12th, 1863, at Jackson, Miss., and had been gangrenous from five to twelve days. The skin and areolar tissue yielded more readily than the other structures involved, hence there were gangrenous sinuses burrowing deeply among the muscles in some cases. In others the integuments were undermined by destruction of the subcutaneous areolar tissues, while in others again, muscles, periosteum and bone had been destroyed.

In treating these cases we first applied yeast poultices, filling up and surrounding the wounds. This was the treatment for the first twelve hours. For the forty-eight hours following we applied closely to the wounds, pledgets of lint saturated with a mixture, consisting of bromine one part, and water ten parts.

As the bromine evaporated in a short time the pledgets were renewed every six hours and as much of the slough as could be readily removed was also taken away at each renewal of the application. Then yeast poultices were again applied for six hours. The slough separated, and all dead parts were carefully dissected away with scalpel and scissors.

Treatment for next two weeks. Daily application of argenti nitras to such portions of the wounds as showed any signs of gangrene while the remaining parts were left untouched. Twice daily wounds were cleansed, and all sloughs removed as at first. Dressings applied to the wounds at this time were as follows:

℞. Creosote	ʒj
Ol Olivæ	ʒj

Misce.

Lint or soft linen saturated with a portion of this mixture was spread upon the wounds. At the expiration of this time they presented a very favorable appearance and were rapidly filling up with granulations. In the application of the bromine great care was requisite in order to prevent the vapor from coming in contact with the neighboring sound parts which it would destroy. The vapor rises at once, and unless confined, will penetrate wherever it can find space. To obviate this difficulty the surrounding skin was well oiled, the pledgets saturated with the bromine were covered with oiled silk or double layers of oiled muslin carefully and closely applied to the sound integuments surrounding the wound. By these precautions all the vapor was retained in contact with the diseased surface and the sound parts were preserved from injury. These patients were allowed a full and stimulating diet with wine, porter, and whisky toddy when they could be obtained. Citrate of iron and quinine were given in moderate doses for the first few weeks they were under treatment.

The disease did not spread much in the wards, although they contained at the same time a large number of wounded men not suffering from gangrene. But two patients were attacked with the disease after the admission of those with gangrenous wounds, and these were treated in the same manner as the others.

The result in all these cases was highly satisfactory; in fact, with some of the worst ones, it far exceeded our most sanguine expectations.

CASE OF CONGENITAL IMPERFORATE ANUS.

By E. Cornell Esten, M. D.,

Of Philadelphia.

Mrs. E. R. was delivered of a healthy-looking male child on the 10th of last month; nothing unusual occurred until my visit the next morning, when the mother stated that the child's bowels had not been moved; said it had cried almost without intermission, since about two o'clock in the morning. Upon examination the abdomen was found swollen, and pressure over the umbilical region caused much uneasiness; the respiration very rapid and short; pulse small and feeble; extremities cold; it had vomited twice a little mucus mixed with meconium. To all appearances the anus was natural.

Had the child placed in a warm bath for half an hour without the desired effect being produced; then gave it an enema of castor oil which came away immediately, after which a soap suppository was tried, leaving it remain in for half an hour. Notwithstanding the use made of these remedies, the bowels could not be made to move. I then suspected some malformation must exist. Introduced a catheter to the extent of about an inch, when it met with some obstruction which could not be overcome. I next took a sharp-pointed bistoury, passed it through the opposing substance, being careful in the meantime to keep the back of the instrument towards the bladder, and enlarged the opening in a backward direction. A large quantity of meconium issued at once; the enlargement of the abdomen subsided, and the little sufferer seemed much relieved. The next day it had three voluntary discharges and has had no further trouble.

Hospital Reports.

PHILADELPHIA HOSPITAL,
February, 1864.

SERVICE OF DR. DA COSTA.

Reported by *Edward Rhoads, M. D.*, Resident Physician.

Obstructed Portal Vein.

S. H. æt 60. Admitted January 26, 1864. He was anæmic, debilitated, and suffering from a slight attack of pleurisy on the left side. The prominent symptom, however, was excessive ascites. This caused much dyspnœa and some cardiac displacement, the impulse coinciding with the left nipple. His pulse was 96, feeble; tongue somewhat coated, pale; face in no degree œdematous; skin free from jaundice. The feet and legs were much swollen, but had not become so until the abdominal effusion obstructed the passage of blood in the femoral vessels. A slight murmur synchronous with the heart's first sound seemed scarcely sufficient to indicate organic disease of that organ. It was positively ascertained that about three months before admission the ascites had commenced suddenly and increased with great rapidity, and this with the occurrence of only slight pain in the side and no marked constitutional disturbance. Percussion proved that the liver was within its natural boundaries. The urine was alkaline, of normal color and specific gravity, depositing some phosphates, but containing no albumen and exhibiting under the microscope no evidence of renal degeneration. A supporting diet was supplied, with stimulants and tonics (quinia and iron), and the kidneys aroused by compound spirit of juniper containing a little acetate of potassa. On Friday, February 13, seventeen quarts of fluid were drawn off from the peritoneal cavity. The effusion was never reproduced, and the swelling of his limbs disappeared, a serous diarrhœa, difficult to control, at once commencing, and the urinary secretion being carefully maintained. Great comfort was afforded by the operation, but the patient gradually sank and died exhausted March 4, 1864, just three weeks after the tapping.

Post-mortem appearances. Heart atrophied, valves healthy; lungs normal except as to pleuritic adhesions; spleen much enlarged. (When a soldier in India he had suffered severely from miasmatic fevers.) Kidneys normal; liver atrophied, slightly granular. Hepatic artery and veins, and gall bladder with biliary and cystic ducts presenting their usual aspect. Portal vein and its branches filled with a yellow fibrinous clot, some portions of which appeared under the microscope to be in a state of incipient fatty degeneration.

Phosphuria.

A. K., 39 years of age. Admitted February 1, 1864. She was pale, feeble, with coated tongue, frequent pain at pit of stomach and over kidneys, slight general soreness of abdomen, and various indefinite uneasy sensations. Examination revealed no pulmonary or cardiac disease. The urine was alkaline, of sp. gr. 1015, and deposited phosphates abundantly. It was remarked that phosphatic urine might be due simply to local trouble; the secretion being originally normal but becoming changed by mingling with the pus and mucus of an irritated congested or inflamed bladder, or fermenting when retained in that organ by the loss of contractile power in its coats. When not thus produced, alkaline urine must exist as such when first formed and be connected with an abnormal condition of the stomach or kidney and altered blood. This was probably such a case, since no pus or excess of vesical epithelium could be found in the patient's urine, and there was, on the other hand, evident indigestion, as shown by the coated tongue, epigastric uneasiness, acid eructations, etc. Her diet should be generous.

℞. Acidi nitromuriatici gtt. iij
Thrice daily before meals.

℞. Pil. ferri carbonatis gr. iij
Ext. Ignatiæ alcoholici gr. ½
Ext. colocynth. comp. gr. ½ M.
Et ft. Pil.
S. After each meal.

Ordered, also, frequent counter-irritation by mustard to epigastrium.

Oxaluria.

C. B., 58 years of age. This was a case of general debility and depression with chronic diarrhœa. The patient was anæmic and emaciated; gums spongy; alvine dejections light in color, somewhat offensive. Urine slightly acid, of sp. gr. 1015, and depositing crystals of urates and oxalate of lime, (octahedral). The persistent appearance of oxalate of lime in the urine was described as a serious symptom. Its temporary occurrence was not uncommon as in cases of great mental or physical labor. It indicated, when constant, important systemic disturbance, and itself frequently produced further trouble by forming renal or vesical calculi. Opium was known to have an effect in diminishing its production, whether through the medium of the nervous system or not, it was impossible to determine. A similar influence was exerted by zinc salts, and by those of copper in a less degree. In the present case, with proper diet give:—

℞. Opii gr. iv.
Cupri sulphatis gr. j.
Zinci oxidi gr. xxiv. M.
Ft. massa in pil. xii. dividenda.
S. One pill three times daily.

Should this not produce the improvement desired nitromuriatic acid would be ordered with a salt of morphia, or Dover's powder at night. In some instances two or three grains of blue mass every other night, with perchloride or tersulphate of iron thrice daily after meals, had proved beneficial.

Typhus Fever.

A. D., 28 years of age. Admitted February 11, 1864. This was a well-marked case of typhus, presenting the peculiar physiognomy; semi-stupid condition disturbed only by speaking decidedly; tongue dry, coated; pulse feeble and frequent; pupils moderately dilated; skin heated, and covered with the characteristic eruption, without which the diagnosis would be less complete. This eruption was general, rubeoloid and slightly influenced by, but not disappearing, under pressure. In typhoid fever we would have a different expression of countenance, the tache rouge eruption and abdominal symptoms which did not here exist. This case presented the condition known as "coma vigil," important because indicating the action of a poison upon the nerve centres. The patient did not sleep much, lying in a stupor approaching coma, but with the eyes open and awake, a state between wakefulness and prostration. Her treatment, in addition to milk punch and wine whey with beef essence, consisted of oil of turpentine or a mineral acid. (nitromuriatic) the former being employed when the secretions were very much checked. In relation to the special symptom "coma vigil" the speaker had found no remedy so useful as camphor, and therefore directed half a fluid ounce of camphor water every three hours through the night.

March 1, 1864. These remedies acted very happily and the patient is now well.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 9, 1864.

ENLARGEMENT AND INCREASE OF PRICE.

From the first of May next, the MEDICAL AND SURGICAL REPORTER will be enlarged by the addition of several pages of reading matter, and the subscription price will be increased to FIVE DOLLARS per annum.

It has been our firm purpose to resist all temptations to raise the subscription price of the REPORTER, though again and again urged to do so, and thus conform ourselves to an almost universally prevalent law. A strict adherence to sound business principles would have impelled us to this course long ago, but we endeavored to avoid it by reducing the size of the REPORTER to an extent necessary to enable us to meet the increased expenditures. We find, however, that in so doing, we have cramped our own energies, done injustice to contributors, and impaired the usefulness of the REPORTER.

But we are compelled to give heed to other considerations than that of merely maintaining the existence of a low-priced journnal. *It is absolutely necessary that we increase the size of the* REPORTER *in order to relieve the pressure on our columns.* We have now on hand valuable material enough for several numbers, and it is rapidly accumulating. At the present cost of publishing, it is utterly out of the question for us to give more reading matter at the present rate of subscription. The expense of publication has increased enormously, and we see no prospect of speedy relief. Since the 1st of January last our paper and printing bills have each been increased *twenty per cent.*, to which is added ten per cent. on other items, making a total of *fifty per cent.* increase in cost of publication since this year came in.

The necessity, therefore, of enlarging the REPORTER to accommodate valuable communications, involves the necessity of increasing the subscription price.

Of course this increase does not necessarily affect those who have already paid beyond May, but only those whose subscriptions are not yet paid, and those which become due after the enlargement takes place.

Subscribers will observe that during the month of April we will receive subscriptions at the old rates to the end of this year, but *after May they must be at the rate of* FIVE DOLLARS *a year.*

This enlargement will enable us to accomodate contributors, and increase the efficiency and usefulness of the REPORTER. In the end, the change will be a very great gain to the profession.

MENTAL HYGIENE AND PUBLIC EDUCATION.

"Mens sano in corpore sano."

Some of our readers will, perhaps, remember a few articles which appeared in the REPORTER under this head, about three years ago. We discussed, then, some of the erroneous principles and wrong practices which underlie and characterize our present system of education. Special reference was made to the examinations for admission into our High School, as illustrating these principles and practices. We ridiculed that system as one in which the "memory-fool" attained to the highest honors, which crippled the intellect, dethroned reason and self-reliant thought, which made teaching a miserable routine and learning a mere drudge of memorizing.

Great events have passed since. Our nation has undergone a most severe discipline of mental hygiene, and received a fearful education. The great lesson learned for the future is just this, *that upon its physical strength and endurance, its intellectual and moral superiority and rectitude, depends the success and existence of a nation and its government.* Hence, the great object of all who are interested in our progress as a nation, the physician, the teacher, the preacher, the economist, is to find the best means of realizing, to the largest extent possible, the good old maxim "*Mens sano in corpore sano,*"—a sound mind in a sound body.

How very important, then, is it for the well-being, the prosperity of this nation, whose gigantic energy and resources have astonished the world, while we fought her battles of freedom, for the perpetuation of that democratic, self-reliant strength of the people, which foreshadows a future of material wealth and glorious empire, such as was not equaled in the days of Rome's proudest greatness, and for the upholding of that moral example, which is destined to democratize the world, that we should religiously strive to educate our growing up and coming generations with a view to these results?

But, alas! in the principles which govern teaching and in accordance with which education in our public schools is conducted, we find everything but that of *mens sano in corpore sano.* Recurring to this subject we can take it up where we

left it three years ago, only correspondingly deeper in the mire. The gentlemen upon whom the responsibility falls, have not advanced one step toward extricating themselves from their miserable position in the depths of pedagogic swamps, and it is to be hoped that somebody may be found who with a long and strong pull will lift them entirely out of a position in which they have no business. The interests of our Commonwealth, the interests of our children, can no longer be sacrified to the foolish pedantry, or ambitious stubbornness of men who are unsound in the first principles of education, and wrong in the practices of teaching.

Over-crowding and over-working the brain and intellect under any circumstances, has an injurious effect upon mental and physical health. Even the strongest men and women are perfectly well aware of the reaction, which sets in after protracted and intense study, the sensation of weakness, restlessness and intellectual vagueness, in one word, nervous exhaustion, with its concomitants of indigestion, dyspepsia, headache. There are few persons with health so robust, that they can bear a system of intellectual over-dosing for any considerable length of time without suffering in mind and body. Much more serious are these effects in the *young* who are still growing, whose whole system is much more easily affected by any perturbing causes, whose nervous system exercises a much more powerful influence upon the functions, growth and development of the body. And if to this is added an entire negligence of those essential requisites for a proper continuance of health, fresh air, sunlight, and exercise, we have indeed all that is required to make a "*mens insana in corpore insano.*" Such, indeed, seems to be the practical effect, if not the intended object of some of our modern and *model* principals.

Our readers in this city are undoubtedly familiar with the school controversy which has for several weeks agitated the public mind. A great many curiously instructive, as well as painful facts have been brought to light, which we will allude to, as they fall more directly within the province and under the laws of hygiene.

Our attention has been specially directed to this subject at this time by the reception of the "Report of the Committee appointed to investigate into the charges preferred by Directors, Teachers, and Parents, against the Girls' High and Normal School" of this city, of which Edward Shippen, Esq., is chairman. This investigation was ordered by the Board of School Controllers in consequence of charges of gross mismanagement of the semi-annual examination for admission into the Girls' High School.

During the investigation, which was public, several parents testified as follows:

Mrs. V. "I formed the opinion that the severe application to study for two or three months previous to the examination was more than was necessary for the object in view, and certainly injured my daughter's health in some degree."

Mrs. W. "Was out of the city—returned on Saturday. Was very much alarmed at the appearance of her daughter—eyes inflamed and *nervous system greatly excited; she has scarcely taken time to eat or sleep.* Thinks her health seriously impaired."

Mrs. W. "Daughter returned on Monday, after six o'clock, P. M., *very much depressed* and *exhausted;* thinks her health has suffered, but, perhaps, not permanently."

Mr. C. "Testifies that, fearful of risking his daughter's health and even her life, he would be unwilling to allow her to undergo another examination."

It was in evidence before the Committee of Investigation that some candidates had been ill ever since the examination took place, a period of several weeks. Teachers found it almost *impossible* to get the candidates (who were still awaiting the decision of the Investigating Committee as to their admission) to attend to their studies, so great was the reaction following the examinations. At all this we need not be surprised when we consider how these examinations are prepared for and conducted.

The study for six months previous to the examination, was *very severe.* Scholars studied, within a year, three thousand words, learning the *etymology, definition,* and *combination* of each. They were also examined in arithmetic, mensuration, Constitution of the United States, history, grammar, parsing, spelling, and dictation. The ordeal is a severe one. Some of the schools commenced their exercises every morning at eight and a quarter o'clock, keeping the girls all day and then sending them home with sufficient lessons to occupy them until a late hour at night. Worked up to the highest pitch of excitement, they approach the examination fully believing that every question will be given within the prescribed limitation. Then comes the examination.

Monday. Grammar and mensuration were announced in the morning, thus compelling the candidates to complete *both* studies before leaving the room. Many did not finish till 4 P. M.

Tuesday. After studying half the previous night examination in parsing and words.

Wednesday. History and etymology.

Thursday. Constitution of the United States and dictation. In the afternoon a second set of questions in mensuration was given, though the candidates had been unceasingly at work since morning, compelling some of them to remain till 7¼ P. M., without leaving their seats or taking food. Some had been up more than half of each night during the week, and had miles to go to their homes at this late hour.

Friday. Arithmetic and words, which detained some till late in the day.

Those who have the best opportunity of becoming familiar with the working of a system which has such injurious results, are undoubtedly the teachers of these victims of modern education. Their testimony with that of the parents, outweighs the pleas and subterfuges of stubborn pedants and pedagogic fools. What their opinion is may be learned from the protest of the "memorial of nineteen Principals of the Girls' Grammar Schools," coroborated by the Investigating Committee who say in their Report:

"It is a fact, beyond dispute, that year after year grave complaints have been made in reference to the character of questions given to candidates—not only made by the lady Principals, but by parent and pupil. The questions at times seem to be such as are better fitted to be propounded to young ladies claiming certificates of qualification as teachers than to mere school-girls. It appears that the effort is to give the *most difficult* questions which can be framed to test the acquirements of school-girls, forgetting entirely, at times, that there are limits of study in the Grammar Schools; and this fact exercises a very injurious influence on the health of children, inasmuch as teachers feel compelled to *press forward* their pupils—forward far beyond what is warranted by their years, and oftentimes at a sacrifice of health—in order to meet the undue demand of the High School."

In our next article we will give illustrations of the mental and physical labor required of candidates.

THE UNITED STATES SANITARY COMMISSION.

Every few weeks the "United States Sanitary Commission" appears before the public in a new rôle in the art of money-getting. It seems determined to make its burdens felt by the community to the utmost extent. No one objects, much less do we, to the ostensible objects that the Commission professes to accomplish, viz: the prevention of disease in camp and hospital, and the care of the sick and wounded soldier.

But we have some very serious objections to this organization, and its way of doing business. In the first place, the thing itself is founded on a false issue, and is a standing insult to the Government through its medical department. It was started on the plea of necessity, to accomplish duties that it was the acknowledged business of the medical bureau to perform. Granted that there may have been a plausible excuse for its existence for a time as an adjunct to the medical department, just as our militia and emergency men have on two or three occasions been called upon as an aid to the army, why has it not gracefully retired when its services were no longer needed? Because it has assumed to perform the legitimate work of the medical department of the army is no proof that it is needed. That department is fully competent to perform all the work that the Commission has taken out of its hands, and we think that its continual appeals to the public for money now, for many of the objects for which they are made are tantamount to a fraud on the community.

One of the strongest arguments used by the Commission in its appeals, is the necessity of supplying the sick and wounded soldier with articles that the Government does not furnish. That this is derogatory to the Government, is well known to those who are cognizant of what provision is made for every emergency. This will be made somewhat apparent to our readers by the following imperfect inventory of the contents of one of the store-houses of the Government, taken from the *New York Evening Post*, and which we commend to their perusal:

"No person can pass through the spacious rooms of the Medical Purveyor in this city, at the corner of Broome street and Green, without being strongly impressed with the extent and minuteness of the arrangements made for supplying our military hospitals with the necessaries and comforts which the sick and wounded of our army require. Here are vast magazines of medicines—enough, one would think, either to kill or cure almost every

man in both the loyal and rebel army. The other day a call for lint for the hospitals was made in the newspapers. At No. 466 Broome street are mountains of old linen for the purpose—bags on bags piled up to the ceiling. Here are cotton and flannel shirts by thousands, acres of linen sheeting, vast supplies of towels, heaps of flannel dressing gowns, piles of bedsteads, mattresses, pillows, counterpanes, and cushions, the entire kitchen and table furniture of hospitals, the extract of beef, condensed milk, the extract of coffee, kiln-dried sugar, corn starch, gelatine, farina, tapioca, and many other things of the same class in as large abundance as they are needed. Of some things whole cargoes as they come from foreign countries are emptied into these magazines. It is difficult to think of anything wanted in a hospital which is not here, from a case of surgical instruments to a gridiron.

"Those who desire to know precisely to what extent the Government provides for the supplies of hospitals can be fully informed here. The medical purveyor, Dr Satterlee, a gentleman, we fear, not on the most amiable terms with the Sanitary Commission, but prompt, energetic, and outspoken, will give the benevolent ladies who interest themselves in behalf of our soldiers any explanations which they may require. They will probably discover that the care of the Government and of the medical officers of the hospital department, for the comfort of the sick and wounded of our army, has a much wider extent than they have been in the habit of attributing to it. If, in some respects, there has been a deficient supply of needful articles, it will be found, we think, that the requisitions have not been duly made, as we have every reason to believe that when made they are promptly answered.

"In the buildings used as magazines for these stores there are employed one hundred and sixty women and girls, belonging to the families of our soldiers, some of them widows or orphans. The rooms in which they work hum and rattle with sewing-machines. These persons are employed in making the necessary hospital garments, forming the sheeting into sheets, putting up medicines in commodious cases, and other similar employments.

"The oversight of one of these great storehouses, the purchase of the medicines, and other commodities, with the task of causing them to be put into proper shape for use, and sending them off on the requisition being made, make the post of Medical Purveyor in this city no sinecure. Not less than seven millions of dollars, expended for these purposes, have passed through the hands of this officer since the beginning of the war."

So much for the Government's lack of making proper provision for the sick and wounded soldier. What can the Sanitary Commission provide more!

Again, it must not be forgotten that Congress has made ample provision for supplying the soldier with proper rations and clothing when in hospital. This is done by converting the rations due him, and which are unsuited to his diseased condition, into money, which is expended in the purchase of such luxuries and comforts as he requires, and which are procured on the requisition of the Surgeon-in-charge of a hospital. A correspondent of a New York daily paper says:—

"The public attention is invited to the following *official* statement of articles purchased from the saved rations, during one month, at one of the general hospitals in the Department of the East, of three hundred and thirty patients; the money accruing wholly and entirely from rations due, but not drawn from the Commissary, viz:

Nine hundred and seventy-three pounds butter, 2,750 pounds fish, 283 dozen eggs, 1,071 pounds chickens, 52 pairs fowls, 210 pounds turkey, 4 barrels ale, 12 barrels turnips, 3 barrels onions, 3 barrels apples, 3 barrels carrots, 2 bushels cranberries, 1 box lemons, 450 heads cabbage, 565 pounds cheese, 8½ pounds smoked beef, 277 pounds lamb, 1,500 clams, 10,000 oysters, 400 oranges, 12 bunches celery, 120 pots jelly, 25 pounds mackerel and 6 pumpkins.

Is any comment necessary? The above result is attained and attainable at every military hospital; and more especially if the number of patients is large. There may be and are difficulties at points where supplies are not accessible, and cannot be purchased. These difficulties can be and are obviated by the conscientious Surgeon, who has the means of purchase and a market at hand, however distant.

Will the thinking people examine this subject in all its bearings? The conclusion will be inevitable that the soldiers need no extraneous aid."

Another duty the Commission assumes to perform is the sanitary inspection of camps, hospitals, etc. Why, every medical officer of a regiment or a hospital, is a professed sanitarian, and he has his brigade, division, and corps superiors to see that his work is properly done, and they again are under the supervision of Medical Directors, Medical Inspectors, and various independent roving commissons of inspection appointed by Govern-

ment. It is an insult to the Government and its officers that this Commission sends its agents to oversee their work. Why does it not send agents to see how the President performs his work, or how the work of the Departments or Congress is performed? Why confine its supervision merely to the Medical Department? Perhaps it has secret agents at work—who knows? The plea of "care for the soldier" has been a successful card, and they may rightfully claim that they ride on "the wave of popular opinion!"

We shall resume this subject next week and review the methods adopted by the Commission to raise funds, its irresponsibility, and the disposition it makes of its money. We think that it is capable of proof that where the soldier gets the benefit of a dollar, much more than that amount goes toward defraying the expenses and keeping the machinery in motion. There are some remarkable developments to be made in this connection.

MORTALITY STATISTICS OF NEW YORK.

In the REPORTER of March 19th we published some mortality tables prepared by Dr. RAMSEY the Registrar of Records and Statistics of the City of New York, with editorial comments on the same. It was not intended in our comments, to call in question the reliability of Dr. RAMSEY'S figures. It was the *system* of keeping records that we spoke of, as being in our view at fault.

In reply to our remark about the absence of citizens of New York in the national armies, Dr. RAMSEY claims that their place is more than filled by refugees from the Southern States. The immigration of 1863 was 156,656 of whom he claims that more than 30,000 remained in the city. He also states that more than 30,000 children were born in New York in 1863 of whom only 6,118 died; add to this the crowded condition of the city, it being almost impossible to obtain even a boarding place. Dr. RAMSEY thinks that his estimate of a million of population is not too large.

In regard to the correctness of the mortality reports, he claims that the means of making them so are as nearly perfect as can be, for the reason that New York being surrounded by water makes it, to all intents, a walled city, having a sentinel at every gate under heavy penalties should he allow a dead body to pass without a permit from the Health Department. These permits are given on the certificates of physicians or coroners, which are then filed, and the weekly and annual reports are made from them. Dr. RAMSEY challenges inspection of his records and claims, that if we will go to him with the name of any person who has died in the City of New York since 1851, he will show the name on the books, and the particulars in the statistics.

The Surgeon-General's Case.

The *American Medical Times* has concluded Surgeon General HAMMOND'S case, and brought in a verdict of "not guilty." We are advised, however, that the court-martial is still in session, and examining witnesses. What *their* decision will be remains to be seen. The *Times* is so very anxious about the matter that it over-steps the bounds of prudence. We advise patience.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

PARIS, *March* 3, 1864.

Malignant Pustule.

The readers of the REPORTER may recollect my giving, some months ago, several remedies for malignant pustule or carbuncles, among which corrosive sublimate was pointed out as an infallible one, and tried for years with complete success. I now notice a paper on the same affection read at a recent sitting of the Academy of Medicine by Dr. GALLARD, who examines whether it be true, as is generally believed, that carbuncle does not attack man spontaneously, but is always the effect of contagion. Whenever a person is attacked with it people at once recollect some strange fly which they saw settle for a minute on the diseased part, or else they know of some horse that has died of the complaint and infected all the flies in the district, in which case it is strange there should be only one person stung. Dr. GALLARD, suspecting the fallacy of this view, has been for some time past, engaged in collecting facts calculated to throw some light on the subject, and he quotes in his paper certain observations made by Dr. DEVERS, (of St. Jean d'Angély) who, in a small commune called La Benôte, has counted nine cases of carbuncle since 1857, in none of which the cause could be ascertained. Neither in the commune itself, nor in the environs, nor in the remainder of the arrondissement, could Dr. DEVERS discover a

single human being attacked with malignant pustule, or an animal suffering from carbuncle, although he questioned all his brother physicians of the neighborhood and all the intelligent people he could meet with. The disorder was, therefore, exclusively confined to the commune of La Benôte, and exclusively also to the human species. Continuing his investigations, Dr Gallard obtained full information from the whole department of Charente and the adjacent ones, having questioned upward of one hundred physicians, and failed to discover any case in point. If, then, the disease was brought over by flies, they must have came from Bourgogne or the Beance, and in that case it must be supposed that they went all that distance in order to settle in La Benôte, without once contaminating either man or beast on their way to that commune. Hence there are, according to Dr. Gallard. strong reasons for believing that carbuncle can develope itself spontaneously in man. I may add in support of Dr. Gallard's opinion, that in some diseases, plague for instance, carbuncles arise over different parts of the body or extremities, which are rapidly disposed to become gangrenous. No doubt that in some cases, carbuncles give rise to constitutional symptoms which not unfrequently attend them, such as nausea, loss of appetite, fever, great prostration of strength, want of sleep, to such an extent as in some instances to destroy the patient. On the other hand, might not carbuncle be found in some cases to be produced by constitutional disease and a general morbid condition of the body? At all events, this subject, I hope, will meet with the elucidation it requires.

Experiments in Propagation of Plants.

There exists in the Garden of Plants at Montpellier, a curious tree of the species *Gingko viloba*, which, though in nature it belongs to the class *Diœcia*, that is, the class in which the male flowers are on one tree, and the female on the other, has become *monœcia* by grafting a branch of the female tree on the male one. The pulp of its fruit has such a penetrating smell, that the attention of M. Béchamp was drawn to it, and he has now sent a paper to the Academy on the subject. The smell was a mixture of those of valeric and butyric acids, and upon distillation of the pulp it was found that besides butyric acid, which is the dominant one, it also contained acetic acid and another acid, which is not so volatile as valeric acid. By a subsequent distillation of a new crop, caproic acid was also found in it. Now the beautiful law of series in chemistry showed that between acetic and caproic acid there was a term wanting, viz: propri-onic acid, which has not been found in a natural state. M. Béchamp, who has devoted much time and labor to the research of this acid, thinks he has found it in the fruit of the Gingko, at all events, he has extracted the formic, valeric, acetic, butyric, and caproic acids with certainty, and then another acid which possesses the properties of proprionic acids, since it forms an uncrystallizable salt with soda, and another uncrystallizable salt with oxide of lead, having a sweet taste and being reducible by heat to a gummy residue, which is extremely soluble in water. M. Béchamp has also succeeded in obtaining chloride of caproile from the caproic acid extracted. This chloride is a colorless liquid, having a disagreeable smell, and less liable to emit fumes in the air, than the chlorides of butyryle and even of valeryle. Its density is somewhat greater than that of water, since it descends slowly into that liquid before it is decomposed into hydrochloric acid and hydrated capriolic acid. Its point of ebullition lies between 136 and 140 degrees, but at each rectification a little of it is decomposed, and what remains in the retort has a sweet ethereal smell. The fruit of the Gingko which has been operated upon, has the form of a small plum, and consists of a thick pulp containing a stone with a farinaceous kernel. As yet I have seen nothing with regard to the medical virtues this plant may contain.

Experiments in the Production of Torpidity.

A German scientific journal states that among the curiosities possessed by Dr. Grusselbach, Professor of Chemistry at the University of Upsal in Sweden, there is a small serpent which when shown, appears to be quite stiff and as cold as marble, but which in a few minutes becomes as lively and brisk as it was before it was caught, ten years ago, as soon as the Doctor subjects it to a stimulant aspersion of his own invention. It would therefore appear that Dr. Grusselbach has discovered the means of stupefying the little creature and reviving it at will. The process employed by him is believed to consist in a gradual diminution of temperature until the subject is reduced to a complete state of torpor without any injury to the tissues. In this state there is neither life nor death, but simply torpor. It is added that Dr. Grusselbach has submitted his experiment to the Swedish Government, and has proposed to practice his method on a criminal condemned to death. The learned chemist proposes to reduce him to a state of torpor as he does the serpent, to leave him in that state for a year or two, and then to revive him with the stimulant. Here it may be observed that an operation which may be effected on the serpent tribe, is not necessarily equally possible on man; and I believe that a criminal subjected to such a treatment would run a very poor chance of obtaining his pardon. The serpent tribe is peculiarly noted for being easily assailable by lethargy. If I mistake not, the same may be said of many animals of cold blood and sluggish circulation. To this day serpent-charmers in Egypt, perform the same miracle described as having been done by the magicians summoned to compete with Moses. They take a snake by the neck and by pressing its head with the thumb, cause instant temporary paralysis whereby the snake becomes as straight and stiff as a rod. In winter bundles of snakes in a state of complete torpor, are sometimes met with under ground, in digging a field. and, to revive them, nothing else need be done but to put them before a fire, when they will be seen gradually disentangling themselves and creeping away in all directions. There is, there-

fore, no novelty whatever in Dr. GRUSSELBACH'S experiment, unless it be his method of revivification by aspersion with a stimulant, which, indeed, might be found useful in cases of lethargy. I remember a few years ago a theory was seriously propounded respecting the possible production of complete torpor in man by simply closing entirely every aperture and pore of his body, it being thought that since living toads have been discovered in the very centre of stones and completely shut out of all air and light, the same phenomenon might be found possible in man!

Fistula Lachrymalis.

When the nasal duct is closed by an obstacle or a stricture, the tears accumulate in the lachrymal sac, and form a tumor immediately below the tendon of the orbicular muscle, and upon pressing this tumor, the tears regurgitate through the puncta lachrymalia mixed with flocculent matter. Should the sac inflame and ulcerate and an opening be established between it and the integuments, then a fistula lachrymalis is produced. In such cases the inflammation generally extends to the globe of the eye, and in some instances to the side of the face and head. This disease, therefore, should not be neglected, for, besides the inconveniences it produces, it may be followed in the end by caries of the os unguis and injury of the ethmoid and spongy bones. Two methods of treatment, if not more, have hitherto been proposed for removing fistula lachrymalis, either by overcoming the obstruction in the nasal duct, or by establishing a new route for the tears through a perforation of the unguis. I now remark in a recent number of the *Union Médicale de la Seine Inférieure*, published by the Medical Society of Rouen, a series of observations made by Dr. MAGNE, tending to prove that a radical cure of the lachrymal tumor and fistula may be obtained by cauterizing the sac with butter of antimony. His method consists in opening the tumor by an incision and then applying caustic to the inner surface of the sac. A radical cure is almost certain to follow this treatment.

W. N. COTE.

DOMESTIC.

Syphilis and Brothels.*

EDITOR MEDICAL AND SURGICAL REPORTER:

What avails the regulation of harlotry? Among the lower classes now, the laboring, the mechanical, and small farming, you have prevailing a laxity of morals that, as far as the younger members are concerned, establishes among them an intercourse that is almost promiscuous. This disgusting dissoluteness of course, leads to its natural consequences, disease equally general.

If you have not the venereal diseases proper, you have relaxation, loss of the proper tone, spermatorrhœa, leucorrhœa. The broken health of the mother during married life being nothing more than the sequel of her premature indulgences during girlhood. If whoredom is not practiced, masturbation is.

An organized harlotry may be set up as a rival power. By this means society may be rid of the lewd wretches who now infest it, gnawed perpetually as they are, with a filthy and morbid lust. Filthy, yes; for lewdness must become filthy at an earlier or later date.

So far the regulation and restriction of prostitution may do good; the victims of a morbid lust being withdrawn, the purer and healthier are left behind released from the corruption of such association.

These latter are appropriately called the purer and the healthier, sexual health being invariably associated with the capacity to control and subjugate the sexual instincts; purer they are, because their secretions are innocuous bland; salubrious, not, as in the other case, gross, rank, fetid, repulsive. Neither are these secretions in excess, for excess is incompatible with purity or health; neither is secretion excited with a morbid facility and readiness. And healthier they are, need it be said: that unconsciousness, that blandness, that salubrity, from what source can these qualities be derived, except from a physiology faultless and efficient!

Rear the generations under the conditions of health, teach them the nobleness of a perfect physiology. Show them their grand destiny as immortal creatures, and prostitution will be reduced to a minimum.

Will this proposed regulation of harlotry with the view of purging society of its evil members, be adequate to this end? The answer must be in the negative. Society is now already too corrupt to allow this expectation to be entertained. Another plausible motive remains—the regulation of prostitution with the view or purpose of preventing syphilis.

The *prophylaxis of syphilis!* an idea as fallacious as the *cure of syphilis!* Drive its lie-deceived victims into the hospitals till you have suppressed the symptoms of syphilis, leaving still the poison of the disease rankling in their system, only in the deeper depths now, where the eye seeth it not! It is conceded that mercury does not cure syphilis; it is simply aplastic, opens the channels of excretion by its discutient action. Here its office ends. If syphilization has failed, here also end the *therapeutics* of syphilis.

It is unnecessary to expend a word on its adjuvants iodide of potassium, etc. Many of these are actually ruinous to the constitution. On this list I place the preparations of iron. Remedies these are which effect, what an English physician calls the "*curse of a cure*"—symptom—suppressing—elimination—preventing.

The organization of prostitution can mean nothing socially but the prophylaxis of syphilis. Will you turn the syphilis-infected into the harlot-house again? It cannot be done consistently with premises and conclusions which we can neither question or refute. Will you banish them apart like lepers from the society of human beings? This you consistently

* See MED. AND SURG. REPORTER, current volume, p. 118.

must do. Are you prepared to do it? if not, let us hear no more of the regulation of prostitution, or the prophylaxis of syphilis. Can even common gonnorrhœa be prevented by the strictest *surveillance*? It cannot. The eye cannot penetrate into the secret recesses, when the gleet poison lies ready for exudation upon due sexual excitation. What avails, then, the modern regulation of harlotry? Society is not prepared for the only measures effective of the objects it seeks—measures which only are radical and effectual.

The second plausible plea for the organization of prostitution falls to the ground. By the plan proposed we do not obtain the purification of society, or the curtailment of the evils resulting from venereal disease.

Let, then, the rising generation know what is the literal truth, that the only safety is in virtue. Let Americans devote themselves to the cultivation of the moral qualities to the security of their health, to the perfection of their physiology, to the observance of the hygienic laws to the appreciation of excellence and virtue. Let the French and infidel Paris have, if they will, their pseudo-regulated, demoralizing, woman-degrading, body-corrupting, whoredom.

H. Oliver, M. D.

Gordon, Ohio, *March*, 1864.

Army and Navy News.

Surgeon-General's Office,
Washington, D. C, *March* 26, 1864.

Instructions to Medical Directors.

[Circular Letter.]

The attention of Medical Directors is specially requested to the following points relative to the contracts and pay accounts of Acting Assistant Surgeons; errors and confusion having arisen on these subjects:

I. Contracts with Private Physicians should be executed in triplicate; one copy to be retained by the physician, one kept on file in the office of his Medical Director, and the third immediately forwarded (approved) to the Surgeon General, with usual Post Office address of the person contracted with.

II. Officers terminating these contracts should immediately notify this office of the date and cause of such action, and date of the contract. All notices and orders relative to Acting Assistant Surgeons should give their names in full. Upon the termination of his contract, an Acting Assistant Surgeon should turn over to his successor, or to a Medical Purveyor, all Medical and Hospital Property for which he is responsible, and transmit returns and vouchers at once to this office. His accounts will be suspended until this is done.

III. Accounts for medical services under contract must exhibit the following facts:

1. The place of service.

2. The dates between which the services were rendered. The Treasury Department assumes every month to be composed of thirty days, and accounts for fractional parts of two successive months must be so calculated; thus, from the 21st of August to the 10th of September, the calculation of time will be from the 21st to the 30th of August, inclusive, (ignoring the 31st,) ten days, and from the 1st to the 10th of September, inclusive, ten days—making the time to be paid for, twenty days.

3. The name of the hospital, camp, post, regiment, or command, in or with which the services were rendered.

4. The class of persons with whom rendered; whether U. S. forces, colored troops, prisoners of war, military prisoners, refugees, contrabands, or whether the services were rendered in small-pox hospitals.

5. The date of the contract under which the services were rendered, and the name of the officer with whom the contract was made.

6. If for service at a post, or with a detachment, the strength of the command must be stated.

IV. Accounts must be made out for periods of one or more complete months, commencing with the date of entry upon service. No account embracing fractional periods of a month will receive attention, unless it appears upon the face thereof, either that the station of the physician has been changed or his contract annulled; but accounts for any length of time may be presented on one set of duplicates, subject only to the exceptions specified.

V. Accounts for several months' service, if rendered separately, must be continuous; for the Treasury Department will not pay an account for one month until that of the preceding month has been settled.

VI. Officers certifying to accounts of a "Private Physician under Contract," must give their official title, and state explicitly the capacity in which they are serving; otherwise their authority to make such a certificate may be questioned. E. g., A. B., Surgeon U. S. A., *in charge* ——— *General Hospital*. C. D., Surg. Vols., *Medical Director, 1st Division, 2d Army Corps*. E. F., Col. 40th Ohio Vols., *Commanding Post, Garrison, Regiment*. As they are also held personally responsible for the truth of every statement contained therein, certificates signed "By Order" or "For Medical Director" will be disregarded.

VII. When medicines have been supplied at a per centage of the amount of compensation, a statement to the effect that they have been furnished as required, must be added to the usual certificate of service, or the claim for medicines cannot be approved.

VIII. All accounts certifed by other officers than a Medical Director must be forwarded to this office through that of the Medical Director of the Department in which the services were rendered, that he may endorse his knowledge of their correctness.

IX. In all cases of absence from duty, the dates and cause of such absence must be clearly stated. If a substitute has been furnished, his name in full must be given, with a statement showing that he has satisfactorily performed all the duties incumbent upon the Contract Physician.

X. When instruments are furnished to a Contract Physician by a Medical Purveyor, the kind, and cost price thereof, are to be reported by the Medical Purveyor to this office. The cost price is then deducted from the first account for services rendered subsequent to such reports. The instruments then become the *private* property of the Contract Physician, and are in no case to be turned back to a Purveyor or other officer without the written order of this office.

XI. Officers requiring medical attendance for their commands should, when practicable, apply to the nearest Medical Director, who will, if satisfied of its necessity, supply at once the required aid, or authorize such action as the interests of the service may demand. When the necessity for immediate medical attendance is great, and the service would suffer by delay, the officer in command will employ a private physician, by contract or otherwise, as provided in Revised Army Regulations, and he will notify the Medical Director of the Department of the facts, sending him two copies of the contract for approval.

By order of the Acting Surgeon General.

C. H. Crane, Surgeon, U. S. Army.

Leaves of Absence.

Leave of absence has been granted to the following named Medical Officers:

Surgeon W. C. Bennett, U. S. V., for twenty days, from the Army of the Cumberland.

Surgeon D. G. Brinton, U. S. V., for twenty days, from the Army of the Cumberland.

Surgeon F. G. Suelling, U. S. V., to await acceptance of his resignation, from Department of Virginia and North Carolina.

Surgeon Edwin Bently, U. S. V., for six days, from the War Dep't.

Discharges, Dismissals, &c.

Ass't Surgeon Andrew McLetchie, 79th New York Volunteers, dismissed by sentence of a General Court Martial, for "drunkenness," "conduct unbecoming an officer and a gentleman," and "disobedience of orders," March 16, 1864.

Hospital Steward A. H. Klein, U. S. Army, honorably discharged, at his own request.

Appointments.

Private B. F. Akley, Drafted Forces, 10th Congressional District of Pennsylvania, to be Ass't Surgeon, 9th Pennsylvania Reserve Corps.

Dr. Norton Folsom, of Mass., to be Surgeon 45th U. S. Colored Troops, March 28, 1864.

Dr. Maurice Tucker, Acting Ass't Surgeon, U. S. A., to be Ass't Surgeon, 39th U. S. Colored Troops, March 30, 1864.

T. M. Goodfellow, of Tennessee, to be Hospital Chaplain, U. S. Army, Nashville, Tenn.

Paul Wald, of Pennsylvania, to be Hospital Chaplain, U. S. Army, Baton Rouge, La.

J. R. Lathrop and W. G. Scott, U. S. Army, C. E. McChesney, of New Jersey, E. A. Lewis and C. V. Robertson, of Ohio, John Miles, of Indiana, C. F. Bennett, of Missouri, H. J. Goddard, A. Faber and W. E. Vaughn, of New York, W. A. Barstow, of Wisconsin, F. C. Toplis, of Mass., J. L. Smith, of Washington, and J. F. Sternberg, of Kentucky, to be Hospital Stewards, U. S. Army.

Appointments Confirmed by the Senate.

To be Surgeons.

Ass't Surgeons James T. Chiselin, Charles T. Alex, Bennett A. Clements, Lewis Taylor, Charles S. Frink, George A. Wheeler, Edwin Freeman, James M. Lang, S. W. Leete, United States Volunteers.

Maine.—James H. Thompson, commission to date from Dec. 4, 1863.

New Hampshire.—George F. French, June 13, 1863; Charles Lowazey, August 15, 1863.

Vermont.—Henry Janes, March 26, 1863.

Massachusetts.—Ass't Surgeon Joel Leaveas, U. S. Vols.; John W. Foye, March 26, 1863; Cyrus N. Chamberlain, April 13, 1863; John W. Lawton, June 29, 1863; Abraham M. Wilder, June 29, 1863; Frank Meachan, July 9, 1863; Silas A. Holman, Sept. 9, 1863; Samuel Kneeland, Sept. 9, 1863; Lincoln R. Stone, December 4, 1863; Otis M. Humphrey, Dec. 4, 1863.

Connecticut.—S. E. Fuller, June 13, 1863; Abel C Benedict, Sept. 16, 1864; William C. Bennett, December, 4, 1863.

New York.—Ass't Surgeon Norman S. Barnes, U. S. Vols.; Edward B. Dalton, March 23, 1863; George L. Sutton, April 13, 1863; Andrew F. Sheldon, April 13, 1863; Peter H. Cleary, April 13, 1863; Edward J. Whitney, April 13, 1863; S. D. Carpenter, April 13, 1863; Richard D. Lynde, Sept. 2, 1863; Nathan P. Rice, Sept. 2, 1863; Charles S. Wood, Sept. 9, 1863; Michael K. Hogan, Sept. 9, 1863; John Trenor, jr., October 13, 1863; Francis Greene, Nov. 15, 1863; Augustus C. Van Dayn, December 4, 1863.

New Jersey.—Ass't Surgeon Charles J. Kipp, U. S. Vols.; William A. Conovan, May 8, 1863; James B. Bellangu, June 20, 1863.

Pennsylvania.—Ass't Surgeons Solomon S Shultz, Nathan P. Marsh, James K. Rogers, U. S. Vols.; Benjamin B. Wilson, March 26, 1863; William S. Thompson, March 26, 1863; Caleb W. Horner, April 13, 1863; Robert S. Kenderdine, April 13, 1863; Frederick A. Keffer, May 8, 1863; Lewis D. Harlow, May 8, 1863; David B. Sturgeon, May 27, 1863; James W. Pettinas, May 27, 1863; John Bradly, June 13, 1863; Alexander M. Speer, June 13, 1863; Robert Reybum, June 13, 1863; Lieut. John W. Mintzer, June 29, 1863; Joseph B. Morrison, June 29, 1863; Louis W. Reed, June 29, 1863; Jacob J. De Lamater, July 9, 1863; Lewis Rice, August 15, 1863; William R. De Witt, August 15, 1863; Henry W. Ducachet, August 15, 1863.

Maryland.—Henry J. Vanderkleft, March 26, 1863; John H. Bayne, July 28, 1863; James H. Curry, September 2, 1863; Edward P. Morong, December 4, 1863.

District of Columbia.—Henry A. Schlaeffilin, May 27, 1863; James H. Peabody, August 15, 1863.

Ohio.—Samuel D. Turney, March 26, 1863; Elmore T. Chase, May 27, 1863; Adam C. Swartzhelder, July 9, 1863; Enoch Pearce, Sept. 9, 1863; Robert Fletcher, Nov. 20, 1863.

Illinois.—Conrad C. Dumseicher, May 27, 1863; John L. Teed, June 29, 1863.

Kentucky.—William Shilkeld, July 9, 1863.

Michigan.—Edward F. Bates, October 8, 1863; Jubez Perkins, October 27 1863.

Iowa.—Robert R. Taylor, April 13, 1863; Philip Harvey, June 29, 1863; William Watson, September 2, 1863; Frederick Lloyd, November 14, 1863.

Missouri.—William Grinstead, September 2, 1863.

Kansas.—George W. Hayboom, July 9, 1863.

Louisiana.—Ass't Surgeon Charles A. White, U. S. Vols.

To be Assistant Surgeons.

Maine.—William A. Banks, May 14, 1863.

Vermont.—Edward Cowles.

New Hampshire.—William O. Tracy, December 7, 1863; Elliott Coues.

Massachusetts.—J. H. Kinsman; Washington B. Trull, July 6, 1863; J. A. White, August 15, 1863; Joel Leavens, December 4, 1863.

Rhode Island.—Edward Curtis.

Connecticut.—John H. Doughtey, August 7, 1863; Henry S. W. Burritt, September 2, 1863.

New York.—A. E. Brown; Michael Hillary; Frederick Wolf; Gustavus A. Bingel; L. D. Sheetz; Charles Smart; Surgeon Morris W. Townsend, 44th Vols.; Henry T. Legler, March 27, 1863; William O. McDonald, May 14, 1863; George B. Parker, August 7, 1863; Frank Reynolds, August 7, 1863; William S. Ely, September 2, 1863; Rudolph Tanszky, September 24; Roger W. Pease, October 2, 1863; Norman S. Barnes, October 9, 1863; James M. Seepe, October 9, 1863; George A. Mursick, October 9, 1863; Charles F. Brisbane, October 24, 1863.

New Jersey.—James Theo. Calhoun, U. S. Vols.; William E. Whitehead; Augustus Van Cleaf; J. C. Freeman, December 7, 1863; Charles A. Kipp, May 14, 1863.

Pennsylvania.—William F. Norris; A. E. Couthers; J. D. Knight; Alfred Delany; William S. Wood; H. Ernest Goodman; James Collins; A. J. Comfort; William F. Buchanan; William Carroll, May 14, 1863; Solomon Schultz, August 7, 1863; James K. Rogers, August 15, 1863; Henry C. Roberts, September 2, 1863; Nathan F Marsh, October 13, 1863; Edwin D. Buckman, October 24, 1863; John F. Huber, November 7, 1863; A. M. Sigmund, November 14, 1863.

Delaware.—George McC. Miller, July 6, 1863.

Maryland.—S. J. Radcliffe; John C. Carter; Theo. Artland, December 4, 1863.

District of Columbia.—A. P. William.

Ohio.—John McCardy; Samuel Kitchen; Milton C. Woodworth; J. B. Hood, December 5, 1863; Henry Z. Gill, December 5, 1863; George S. Courtwright, August 15, 1863; Gerhard Saal, September 9, 1863; Waldo C. Daniels, September 9, 1853; Henry M. Kirke, November 7, 1863; Charles H. B. Wood, November 7, 1863.

Indiana.—James M. Study, October 13, 1863.

Illinois.—John C. Norton, September 9, 1863; H. Eversman, October 13, 1863.

Michigan.—Theodore A. McGraw.

Iowa.—Benj. McClure; Frederick Lloyd, August 15, 1863.

Tennessee.—Robert McGowan. September 9, 1863.

Louisiana.—Charles B. White, October 24, 1863; Arthur H. Wilson, Act. Ass't Surg., U. S. Vols.

Canada West.—George S. Rose, September 24, 1863.

Assignments.

Ass't Surgeon A. M. Sigmund, U. S. Vols., is relieved from duty at Camp Douglas, Illinois, and will report in person to Captain J. C. Peterson, 15th U. S. Infantry, President, Board of Transfer to the Veteran Reserve Corps, now in session at Nashville, Tenn., or elsewhere.

Ass't Surgeon Joseph C. Baily, U. S. A., is relieved from duty in the Army of the Potomac, and will report to the Commanding General, Department of the East, for assignment to duty.

Ass't Surgeon John S. Billings, U. S. A., is relieved from duty in the Department of the East, and will report to the Commanding General, Army of the Potomac, for assignment to duty.

Surgeon Artemas Chapel, U. S. Vols., is relieved from duty in the Army of the Potomac, and will report to the Commanding General, Middle Department, to relieve Surgeon Thomas H. Bache, U. S. V., in charge of General Hospital, West's Buildings, Baltimore, Md.

Surgeon Bache on being relieved will report to the Commanding General, Department of the Susquehanna for duty in the City of Philadelphia.

Surgeon Caleb W. Horner, U. S. V., is relieved from duty at Nashville, Tenn., and will report in person to the Surgeon General at Washington, for special duty.

Ass't Surgeon W. M. Notson, U. S. A., will report in person for duty to Surgeon Basil Norris, U. S. A., Attending Surgeon to officers of the Regular Army, Washington, D. C.

Hospital Steward Frederick Schrack, U. S. Army, has been assigned to duty with Colored Troops in the Army of the Cumberland.

Surgeon G. S. Palmer, U. S. V., has been assigned to duty at Chattanooga, Tenn.

Surgeon A. T. Watson, U. S. V., has been assigned to the charge of Branches "C" and "D," Crittenden General Hospital, Louisville, Ky.

Acting Ass't Surgeon C. E. Witham, U. S. A., to duty in Branch "C," Crittenden General Hospital, Louisville, Ky.

Surgeon J. T. Heard, U. S. V., to duty as Surgeon-in-Chief, Artillery Reserve, Army of the Potomac.

Surgeon A. M. Wilder, U. S. V., to duty as Medical Director, 23d Army Corps.

Surgeon P. A. O'Connell, U. S. V., to duty as Medical Director, 9th Army Corps.

Ass't Surgeon Andrew H. Smith, U. S. A., as Medical Purveyor, District of Arizona, N. M.

Surgeon George H. Oliver, U. S. V., as Attending Surgeon, Fort Craig, N. M.

Surgeon W. H. Thorn, U. S. V., as Surgeon in charge General Hospital No. 19, Nashville, Tenn.

Surgeon Charles E. Swasey, U. S. V., as Surgeon in charge General Hospital, Fort Smith, Ark.

Surgeon John W. Foye, U. S. V., as Surgeon-in-Chief, 2d Division, 4th Corps, Army of the Cumberland.

Surgeon S. D. Freeman, U. S. V., as Medical Director, Indian Expedition, commanded by General Sully.

Amended Orders.

So much of Special Orders No. 116, March 12, 1864, from the War Department, as dismissed Surgeon E. L. Fenham, 10th Missouri Cavalry, is amended so as to read:—Surgeon E. L. Feehan.

So much of Special Orders No. 107, March 5, 1864, from the War Department as relates to Surgeon John F. Head, U. S. Volunteers, is revoked, and Surgeon John F. Head, U. S. Army, in addition to his present duties as member of the Board, now in session at Cincinnati, Ohio, for the examination of sick officers, is assigned to duty as member of the Board now in session in that city for the examination of Ass't Surgeons of Volunteers.

Miscellaneous.

Hospital Steward J. Nebrich, U. S. A., has been ordered before a Board now in session at Washington, D. C., for examination for promotion.

Surgeon G. W. Hogeboom, U. S. Vols., has arrived at Springfield, Mo., and entered upon his duties as Medical Director, District of S. W. Mo.

Surgeon John O. Bronson, U. S. Vols., has arrived at Fort Humboldt, California, and entered upon his duties as Attending Surgeon at that Post.

There are a very large number of vacancies existing in the Corps of Surgeons and Ass't Surgeons of Volunteers, and in the Colored Regiments the need of Ass't Surgeons is urgent.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. P. C. H. R., Mo.—The journal you inquire about has not been issued for some months, and is probably defunct. If it should reappear, it will be announced in our columns.

Dr. H. C. McK., Iowa.—The case of Biliary Calculus, you speak of would be worth reporting.

Dr. G. C., Ky.—We can get you a good male skeleton not articulated, for $12 to $20—those at the higher rates being treated with ether.

MARRIED.

Morgan—Palmer.—In New York, on Thursday, March 24, by Rev. G. S. Glanders, Dr. H. Morgan, and Eliza G. Palmer, both of that city.

Wilson—Wilson.—At Harrisburg, Pa., March 17th, by Rev. Dr. Robinson, Dr. W. Stockton Wilson, Assistant Surgeon, U. S. A., and Miss Alice Wilson, of Lancaster Co., Pa.

DIED.

Devlin.—In New York, on the 4th inst., Dr. J. Henry Devlin, in the —— year of his age. Dr. Devlin died of disease contracted while in the discharge of his duties as one of the resident physicians of Bellevue Hospital. He is the fifth or sixth physician attached to Bellevue Hospital who have within the past year fallen victims to typhus fever. He was a promising young man of great moral worth.

Edmond.—On Friday, April 1st, at his residence, Cypress Hills, Long Island, New York, Robert Edmond, M. D., aged 58 years.

Goodsell.—At his residence in Utica, on Tuesday, January 12th, Dr. Thomas Goodsell, aged 88 years. Also, on Friday, March 25th, of pneumonia, Mrs. Susan Livingston, consort of Dr. Thomas Goodsell.

Greacen.—In Brooklyn, on Monday, April 4th, James R. Greacen, M. D., aged 47 years, 7 months, and 9 days.

Prince.—In New York, on Monday, April 4th, Della A., daughter of Dr. G. and Mary D. Prince, aged 16 years.

METEOROLOGY.

March	28,	29,	30,	31,	A. 1,	2,	3.
Wind	N. E.	N. W.	N. E.	N. E.	N. E.	N. E.	N. E.
Weather	Cl'dy.	Clear.	Cl'dy, Rain.	Cl'dy, Rain.	Cl'dy, Rain.	Cl'dy, Rain.	Cl'dy.
Depth Rain				1 6-10	1 5-10	6-10	
Thermometer							
Minimum	31°	32°	30°	29°	30°	31°	30°
At 8 A. M.	43	41	34	38	44	39	43
At 12 M.	54	43	39	42	50	39	52
At 3 P. M.	56	43	39	44	50	39	52
Mean	46.0	39.3	35.2	38.1	43.2	37 0	44 1
Barometer.							
At 12 M.	30.1	30.1	29.3	29.7	29.8	29.5	29.9

Germantown, Pa. B. J. Leeds.

MORTALITY.

	Philadelphia. Week ending April 2.	New York. Week ending April 4.	Baltimore. Week ending April 4.	Boston. Week ending April 2.	Providence. Month of February
Popl'n, (estimated.)	620,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male	198	245	65	58	23
Female	190	236	55	49	26
Adults	194	251	50	53	32
Under 15 years	181	219	68	51	33
Under 2 years	106	134	34	40	9
Total	388	481	120	107	49
Deaths in 100,000	60.90	48.10	50.00	59.44	171.77
American	282	301	...	35	51
Foreign	81	180	...	72	38
Negro	42	14	21	1	8
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	2	...	...	...	...
Cholera Morbus	...	...	...	...	1
Croup	15	16	4	10	9
Diarrhœa	...	10	...	...	...
Diphtheria	7	11	1	3	5
Dysentery	1	3	1	...	...
Erysipelas	7	7	1	1	...
Fever, Intermittent	1	1	...	...	...
Fever, Remittent	2	...	...	...	...
Fever, Scarlet	6	29	6	4	4
Fever, Typhoid	9	15	6	2	1
Fever, Typhus	8	32	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	2	2	1	...	...
Influenza	...	...	...	...	...
Measles	3	5	7	2	...
Small Pox	6	10	16	3	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	2	12	...	...	1
Apoplexy	4	4	...	5	1
Consumption	58	69	13	9	20
Convulsions	24	30	1	4	3
Dropsy	2	31	...	3	2
Gun-shot Wounds	4	...	...	...	...
Intemperance	4	3	...	3	...
Marasmus	11	8	...	...	...
Pleurisy	8	...	1	1	3
Pneumonia	25	41	13	9	5
Puerperal Fever	1	4	...	...	1
Scrofula	1	3	1	...	...
Violence and Acc'ts	5	15	2	1	1

* Under 5 years.

NOTICE.

American Medical Association.

The Fifteenth Annual Meeting of the "American Medical Association," will be held in the City of New York, commencing Tuesday, June 7th, 1864, at 10 o'clock, A. M

Proprietors of medical journals throughout the United States and their Territories are respectfully requested to insert the above notice in their issue.

Guido Furman, M. D.,
126 West 25th St., N. Y. Secretary.